

The dissertation generation

South Africa is on the threshold of a new era in postgraduate medical education. Registrars commencing training from 2011 will have to meet the new specialist registration requirements of our Health Professions Council.¹ In addition to completing 4 years in an accredited teaching programme, new recruits will have to:

1. pass the final Fellowship Examination of the Colleges of Medicine of South Africa
2. complete a research dissertation under the aegis of their university.

The 'college final' will thus supersede the university-based Master of Medicine (MMed) Part II examination. The MMed degree will be conferred only after candidates have been awarded the College Fellowship and have completed a dissertation. All 'new generation' specialists will therefore be both College Fellows and Masters graduates.

The uniformity and quality assurance inherent in a unitary exit examination are welcome and arguably overdue. In this respect, the College Fellowship enjoys widespread acceptance as the 'final common pathway'.

The compulsory research component can be seen as a bold and visionary policy. It has the potential to add a rich new texture to postgraduate education and to strengthen the academic fibre of health sciences faculties via substantially enhanced postgraduate research outputs and increased university subsidies for accredited journal article publications and completed Master's degrees. The ramifications of the new policy could therefore be far-reaching and positive. However, there is concern about the capacity of both registrar and supervisor to deliver in the face of an already overwhelming clinical workload (S Beningfield, A Stoker, Z Lockhat, M Govind, I Juhnke-Targonska; personal communications). There is a realisation that, for many faculties, successful delivery will require fundamental change. It is therefore salutary to note that the new HPCSA requirements were not promulgated in isolation. Parallel documentation provides guidelines for the minimum conditions of service, education and training of registrars,^{2,3} highlighting the need for all role players (Departments of Health, universities, HPCSA) to negotiate a new registrar dispensation, with protection of study time and a balance between service and educational imperatives.

The true significance of the research component is therefore a potential catalyst for change. To meet the required outputs, health science faculties will have to protect or 'ring-fence' research time,

modify registrar rotations and develop research support capacity, including ethics review, student supervision, clinical record keeping, project funding, statistical analysis and dissertation evaluation criteria. The latter will need particular attention if uniformity and quality assurance are to be adequately addressed.

Broadly, research evaluation in this country currently takes one of two paths:

1. dissertations submitted to university-convened review panels that include internal and external examiners
2. journal articles submitted to accredited international peer-reviewed journals. Articles accepted for publication are then further subject to internal university review.

Accredited journals consequently play an important, if indirect, role in our research evaluation process. This begs the question of the future role of the *South African Journal of Radiology* (SAJR), which enjoys accreditation by the national Department of Education for university subsidy purposes.

Now is the time for the academic heads of our radiology departments to formally constitute an 'HOD Committee' to guide the process of dissertation evaluation towards uniformity and quality control, while capturing the synergy of our situation.

continued on page 13

SAJR – The New Vision

This new-look and one-third larger edition of the *SAJR* heralds the onset of a new era in the history and future of Radiology and the Radiological Society of South Africa (RSSA).

Firstly, the RSSA CME Association (not for gain) was officially constituted on 31 December 2010 and is now the custodian of the CME programme and congress portfolio of the RSSA. The broader vision is that the RSSA CME Association will support and provide a sustainable, affordable, appropriate, visionary and constantly expanding programme of education, teaching and training; going hand-in-hand with support for academic research and making resources available, wherever possible.

As outlined in the Editorial of the September 2010 issue of this journal, this new initiative is only possible with the support of all stakeholders in Radiology in Southern Africa, viz. reliable and prestigious international societies, institutions and leading radiologists as partners. The indispensable ingredient is the support of the industry, who came on board without any hesitation.

The new-look and larger *SAJR* is a direct result of such a strategic partnership with Philips Healthcare Southern Africa. Philips Healthcare has made an educational grant available to immediately increase the size of the journal by approximately 30%. The cover and layout have been redesigned under the enthusiastic leadership of the Editor, Professor Jan Lotz. The immediate goal is to have the *SAJR*, which is already peer reviewed, included in large databases such as PubMed. Another direct advantage will be the increased capacity to publish original research, which is now required by the HPCSA for registration on the specialist register. An original research dissertation or peer-reviewed published article is also a requirement in partial fulfilment of the requirements for the MMed (RadD) degree offered by South African universities.

On behalf of all involved in Radiology in Southern Africa, we extend our most sincere appreciation and gratitude to Philips Healthcare and in particular Mr Marlon Burgess, Managing Director, for this visionary leadership. In the adapted words of the first man on the moon, this first new edition of the *SAJR* is by no means a small step for Radiology in Southern Africa.

Leon J van Rensburg
RSSA Congress Chair

